

Parcel ID#: _____
(available at Tax Office)

Department Use Only Application #: _____ Application Date: _____

**Montgomery County Health Department
Environmental Health Section
217 S. Main St.
Troy, NC 27371
(910) 572-8175 (office)
(910) 571-0912 (fax)**

OPERATION PERMIT RENEWAL APPLICATION

APPLICANT: _____ SYSTEM OWNER: _____
ADDRESS: _____ ADDRESS: _____
PHONE #: _____ PHONE #: _____

DIRECTIONS TO PROPERTY: _____

SUBDIVISION: _____ LOT #: _____
IS THIS SYSTEM OWNED BY A HOMEOWNER'S ASSOCIATION? ☐ YES ☐ NO
(IF YES, ATTACH A LIST OF THE BOARD OFFICERS, THEIR ADDRESSES, & PHONE #'S)

EXISTING OPERATION PERMIT #: _____ WHICH EXPIRES: _____

TYPE OF WATER SUPPLY: ☐ PRIVATE WELL ☐ PUBLIC ☐ COMMUNITY WELL ☐ OTHER _____

TYPE OF FACILITY: _____ (e.g., Mobile Home Park, Industrial, School, Church, etc.)

(PLEASE COMPLETE ANY OF THE FOLLOWING THAT ARE APPLICABLE)

EMPLOYEES: _____ # MOBILE HOME SPACES SERVED: _____ # BEDROOMS: _____ # DOG RUNS: _____
CAR WASH BAYS: _____ #FOOD SERVICE FACILITIES: _____ # SEATS: _____ # CHURCH SEATS: _____
HOURS OF OPERATION: _____ / _____ FREQUENCY OF EVENTS: _____
DESCRIPTION OF FACILITY (INCLUDE ANY CHANGES SINCE ORIGINAL OPERATION PERMIT WAS
ISSUED): _____

IS THIS FACILITY UNDERGOING PROPOSED OR CURRENT CONSTRUCTION/EXPANSION?: ☐ YES ☐ NO
IF YES, EXPLAIN: _____

NAME OF CERTIFIED OPERATOR: _____ PHONE #: _____
CO'S ADDRESS: _____ CONTRACT ATTACHED?: ☐ YES ☐ NO

(COPY OF CONTRACT WITH CERTIFIED OPERATOR REQUIRED PRIOR TO PERMIT RENEWAL)

THIS APPLICATION MUST BE SIGNED BY THE CURRENT OWNER OF THE SYSTEM OR THE OWNER'S LEGAL REPRESENTATIVE (e.g., spouse, executor, power of attorney, etc.). ONLY ORIGINAL SIGNATURES CAN BE ACCEPTED.

I have read this application and certify that the information provided herein is true, complete, and correct to the best of my knowledge, and is given in good faith.

Owner's Signature

Title

Date